



PERSATUAN PEMAKANAN MALAYSIA
NUTRITION SOCIETY OF MALAYSIA

APPLICATION FOR MEMBERSHIP

Name: _____

Address (Office): _____

Postcode: _____ State: _____

E-mail (office): _____ Tel: _____ Fax: _____

Address (House): _____

Postcode: _____ State: _____ Tel: _____ Mobile no. _____

E-mail (personal): _____ Sex: _____ Identity card no. _____

Date of birth: _____ Place of birth: _____

Academic qualifications (degree/subject/year): _____

(Applications for Ordinary membership should include photocopies of certificates of professional qualifications).

Current position: _____

Specific area of interest/research: _____

Membership applied for (tick appropriate box):

- | | | |
|-----------|--------------------------|---|
| Ordinary | <input type="checkbox"/> | (annual subscription RM50.00) |
| Life | <input type="checkbox"/> | (RM500 payable upon election as member) |
| Associate | <input type="checkbox"/> | (annual subscription RM30.00) |
| Student | <input type="checkbox"/> | (annual subscription RM20.00) |
| Corporate | <input type="checkbox"/> | (annual subscription RM500.00) |

Application proposed by: _____ Signature: _____

Application seconded by: _____ Signature: _____

I declare that the particulars given above are correct and, if elected, agree to abide by the Rules of the Society.

Date: _____ Signature: _____

Completed application should be accompanied with a Cheque/Bank Draft/Postal Order made payable to **"Persatuan Pemakanan Malaysia"** and mailed to Hon. Secretary, Nutrition Society of Malaysia, c/o Department of Nutrition & Dietetics, Faculty of Allied Health Sciences, Universiti Kebangsaan Malaysia, 50300 KUALA LUMPUR

(FOR OFFICIAL USE ONLY)

Date received: _____ Checked by Hon Secretary/Comments: _____

Date approved: _____ Signature of President: _____

Date informed: _____ Membership No: _____

Fees received (cash/cheque/money order): _____